# Housekeeping Reminders

1. Attendees are on listen only mode

2. Submit any questions via chat (Q&A at the end)

3. Slides and additional material links available in chat

4. Webinar is being recorded - available within 48 hours

5. Please take our evaluation at the end of the webinar
## Discussion Topics

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1. Welcome & Introductions
Introductions

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2. Veterans Choice Program Overview & Recent Updates
Who is a Veteran?

- Veteran is a person who:
  - Served in the active military, Coast Guard, Army, Navy, Marine and Air Force plus Commissioned Officers of the Public Health Service and NOAA
  - Was discharged or released under conditions other than dishonorable
- Former or current Reservists, if they served for the full period of active duty for which they were called (excludes training purposes)
- Former or current National Guard members if activated/mobilized by a federal order for active duty
Which Veterans Use VA Healthcare?

~21 Million US Veterans

~9 Million Enrolled in VA Healthcare

~6 Million VA Patients

In order to receive VA Healthcare benefits, a veteran must be eligible for care (usually determined by the presence of a service-connected disability, period of military service, or income level).

Not every VA-enrolled veteran receives VA health care services in a given year. Some veterans may opt not to seek care, and others may receive care outside the VA system, paying for care using private health insurance, Medicare, Medicaid, TRICARE or other means.
DoD and VA Health Care Systems

Department of Defense
Military Health System (MHS)
• Provides care to those who \textit{serve} in uniform (plus families and retirees) through the TRICARE program
• 57 hospitals and \textasciitilde 400 clinics worldwide
• Fiscal year 2015 budget = \$47.4 B

Department of Veterans Affairs
Veterans Health Administration (VHA)
• Provides care to those who \textit{served} in uniform
• More than 1,500 sites of care, including 167 medical centers, 14 health care centers and 771 Community Based Outpatient Clinics
• Fiscal year 2015 budget = \$59.5 B

\begin{itemize}
  \item \textasciitilde10 million MHS beneficiaries
  \item \textasciitilde1 million dual-eligibles
  \item \textasciitilde9 million VHA enrollees
\end{itemize}
VA Healthcare and ACA

- Those covered under VA care meet the requirement for the healthcare law coverage standards
- If a Veteran is enrolled in VA care they are not eligible for tax credits or subsidies through the marketplace
- Marketplace can offer coverage to families of Veterans and to Veterans that don’t qualify for VA healthcare
- Transferring out of the military counts as a loss of coverage for military families
- It is estimated that 1 in 10 veterans under 65 do not have health insurance
Veterans Choice Program (VCP)

VCP allows eligible Veterans the choice to receive pre-authorized health care in their communities from community VCP providers, rather than waiting an extended time for a VA appointment or traveling a significant distance to a VA medical facility.

In order to be a VCP provider, you may either be an approved provider through the VA’s contracted third party administrator (TPA), or establish a direct provider agreement with a VA Medical Center.

Veterans who are enrolled for VA medical care AND:
- Live >40 miles driving distance,
- Wait time >30 days from medically appropriate date or clinically necessary
- Reside in state without VA Medical facility,
OR
- Unusual or excessive burden for travel to nearest health care facility
- Service is not available
Third Party Administrators

• Role
• Geographic Coverage
  – Health Net (yellow) and TriWest (blue)

– Provider services contracting: 1-866-284-3743
– Email: Providerservices@triwest.com
– Website: https://joinournetwork.triwest.com/
– Website: Provider resources - http://www.triwest.com/en/ (select Provider)
– Point of contact: Hal R Blair Sr, Deputy Program Manager, TriWest Healthcare Alliance, hblair@triwest.com
Direct Provider Agreements

1. Visit the Veterans Choice website to learn more

2. Determine if you meet one of the following criteria:
   - Provider that participates in Medicare
   - Provider that delivers care at a Department of Defense medical treatment facility
   - Provider that delivers care at an Indian Health Services medical facility
   - Provider maintains similar credentials as defined in the VHA Handbook 1100.19, Credentialing and Privileging, and Directive 2012-030

3. Contact your local VA Medical Center to initiate a formal partnership.
Requirements for Providers

1. Participate in the Medicare Program or other similar program approved by VA

2. Be accessible to the Veteran and agree to accept rates as outlined in the Act

3. Maintain at least the same or similar credentials and licenses as VA providers
The VA Budget and Choice Improvement Act of 2015 calls for improving Veteran access to care by consolidating community programs into one, standardized New Veterans Choice Program (New VCP).

The new program will standardize access to community care through a high-performing network with robust care coordination and timely provider payment.

- **FQHCs are FQHCS are Core Providers in VHA's High Performing Network of the Future**
- VA submitted a proposal to Congress on October 30, 2015
HRSA New Access Point Funding

- In the Collaboration section of the Project Narrative, applicants must describe collaboration with veterans and veteran-serving organizations, as applicable.
In line with health center mission for the underserved

Provides a venue for connecting with Veterans in the community

Additional source of revenue

Community impact and opportunity for partnership with community VSOs and nonprofits
3. Strategies for Engaging Veterans: VACHA & Veterans Programs
“Do not go where the path may lead, go instead where there is no path and leave a trail.”
Starting Point

- Asked by the Governor’s Office to lead in getting Health Centers to be **CHOICE** contractors
- Worked with:
  - Third Party Administrators (TPA), Health Net, TriWest
  - The Veterans Administration

- Contacted the Veterans Integrated Service Networks to determine which centers would be most likely to see Veterans through this program
- Held calls between centers and TPA to figure out the contracting process

Over 781,000 Veterans in VA
Hot Spot Map
VA Contracted Third Party Administrator (TPA)

- Geographic Coverage - Health Net (yellow) and TriWest (blue)
The Contracting Process

- Worked with Health Net to get centers contracted
- Acted as broker
- Arranged a call between Health Net and CHCs
- Held weekly calls upon initial implementation to work through issues
- Created trainings and materials focused around the Choice program
- Gave feedback to the VA on the program
- Centers had the option of signing up via Veterans Choice, or via Patient Centered Community Care (some of our centers already in ARCH)
  - 6 Veterans Choice
  - 3 PCCC
Partnerships and Press

• Encouraged centers to hold events:
  ▪ Eastern Shore Rural Health held a press conference with the Lt. Governor
  ▪ Central Virginia Health Services held an event with the Governor

• Encouraged centers to connect with VA partners:
  ▪ Veterans’ Medical Centers
  ▪ Veterans’ Benefits Offices

• Worked with Med Virginia to get centers access to Veterans’ medical records

• Worked with NACHC to offer suggestions about changes that should be made to streamline the program
Outreach and Enrollment

- Created training for Outreach and Enrollment staff on how to connect Veterans to care
  - Presented at Outreach and Enrollment regional trainings
  - Handout and PowerPoint presentation
- Presentation went over the basics of VA Care:
  - Eligibility, what is covered, co-pays, etc.
  - How to access resources, who to call with questions
- Feedback was positive
The Role of O&E Staff

- Outreach and Enrollment staff help guide veterans and their families to care
- Not about being the content expert instead CAC staff act as a guidance system

O&E Staff Can Help

- 781,000 Veterans in Virginia
- 260,000 Veterans enrolled in VA care
  - Young Veterans who don’t think they need coverage (mandate)
  - Older Veterans that never signed up due to preconceived notions about VA care
  - Not all Veterans are eligible for VA care utilize health benefits explorer [http://hbexplorer.vacloud.us/](http://hbexplorer.vacloud.us/)
  - Outreach and Enrollment staff can help direct Veterans to services for healthcare and benefits
## Making the O&E Connection

### 1. Where do we find them?

- As with all things O&E…
  - Where they LIVE, WORK, EAT, PLAY, PRAY, GATHER
  - Connections you’ve made already
    - Libraries
    - Community colleges
    - Churches
    - Employment offices
    - Local & state government
    - Veteran-facing community organizations (American Legion, VFW)

### 2. What do we tell them?

- Also as with all things O&E…
  - Start with questions: “Have you served in the United States military, or might you qualify for healthcare as a veteran?”
  - “Are you enrolled for care with the VA?”
ASK:

“Have you served in the U.S. Military? Army, Navy, Air Force, Marines, or Coast Guard?”

- No
- Yes

Yes

Determine if eligible by calling VA or using the Health Benefits Explorer
Making the O&E Connection

What we found...

- At least half of assisters encountered at least one veteran during their work in OE2016
- Many veterans have employer-sponsored coverage (through self or spouse) and were seeking coverage for family members
- Strong interest in dental coverage/care and behavioral health services
- Network adequacy concerns
- Veterans’ Choice Program still very new & not fully understood
Suggestions: Data

• Know your numbers!
  – State-level data
  – County and congressional district data
  – “Quick Facts” for each state
Suggestions: Workflow

Having a uniform workflow ensures vets don’t fall through the cracks.

When conducting outreach or assisting a veteran with enrollment, just remember the acronym G.I.V.E...

G – GREET the veteran like you would any other consumer, with a warm handshake and an explanation of your role as an enrollment assister.

I – INQUIRE as part of your opening sequence of screening questions (e.g. “What is most important to you as you’re shopping for health coverage?”), “Have you previously served in the U.S. military?”

V – VERIFY that the veteran is familiar with their eligibility for care through the VA; one easy way to do this is to check out the Health Benefits Explorer tool at http://hbexplorer.vacloud.us/

E – EXPLAIN that there are many avenues of help available to the veteran if he/she wishes to apply for VA health benefits, or has questions; a good starting point is to call the hotline at 1-877-222-VETS (8387), or to visit a VA Medical Center or Community-Based Outpatient Clinic (CBOC).
Suggestions: Know your VAMCs

- Important to make contacts at local VAMC
- Know who to contact
- Look into partnerships
Lessons Learned

- Hot spot map useful in determining which centers we should focus on
- Group call between centers and Third Party Administrators useful in getting centers on board
- Helpful for centers to have local VAMC contact information
- Centers that have worked with the VA before tend to have an easier time with implementing VCP
- PCA can provide training and act as connector to resources
- Choice is a work in progress:
  - Keep up with the changes, find work-arounds
Quotes from the field

“Veterans like having the option to get care in their own communities.”
— CHC Office Manager

“We want to make sure the care we are providing Veterans is streamlined and well coordinated.”
— CHC Provider

“It is really helpful to understand the options Veterans have for care.”
— Certified Application Assister
4. Strategies for Engaging Veterans:
The Blue Moose Bed & Biscuit:

- The first Animal Assisted Activities and Therapy Center of its kind in the country
- Our Activities include: A dog boarding and daycare program; Barn Hunting; and The Woof City Café
- Our therapy activities include our “Healing Hearts & Paws,” “Bake a Biscuit,” and “Woof Stops” programs
Ellen Adlam, RT(R); ABC DT

- RT(R) for 20+ years
- CHC Healthcare Leader 10+ years
- ABC (DT) certified dog trainer 5+ years
- MHFA and CGC instructor certified 4+ years
The primary objectives of PHRI are to:

- Conduct and/or facilitate high-quality scientific research to assess, describe, and define health care issues in populations, in particular issues that adversely impact the health of rural and low resource communities;

- Conduct planning and research studies on programs and policies that expand access and prevent, detect and promote the reduction of chronic health conditions;

- Design and evaluate demonstrations on cost-effective solutions that address health service delivery problems in rural and underserved communities; and

- Develop/evaluate health and health-related solutions designed to improve population health, maximize self management and promote care coordination.
How we got here....

Nationally:
- 22 soldiers complete suicide daily due to untreated combat related stress/injuries
- Up to 68% of returning Veterans are diagnosed with PTS within 90 days of returning home
- Many Veterans have difficulty re-engaging in family and community life when they return home

Alaska:
- One of the highest suicide rates in the nation
- One of the highest per capita Veteran populations (5500 on Kenai Peninsula)
- Our solution encourages community support and engagement
- We can offer immediate help and engagement in a non-threatening environment
A Service Dog is trained to provide a service to its owner (Seeing Eye Dog, Hearing Assistance Animal)

A Therapy Dog provides therapy to others and has received certification and training to assist in animal assisted therapy work (Canine Good Citizen and Pet Partner certifications)

Emotional Support Animals provide comfort and assistance to their owners and families but have no specific certifications
What is Healing Hearts and Paws?!?!?

- Improved mental and physical health for client
- Clients work to train dogs with our staff
- We work with the client’s healthcare team to ensure whole person care
- Clients participate in activities at the Therapy Center
- Continuous monitoring for appropriate progress
Pilot Project: What we will measure

- The program can help lower the rate of depression and suicide among the population
- The program can help reduce the number of medications participants are prescribed for their PTS symptoms
- The program will help increase physical activity among participants
- The program will help increase Veterans abilities to receive healthcare services within their communities
Pilot Project: Dog Handling Skills

- 3 individual training sessions weekly with the dog trainer at the Blue Moose Therapy Center

- 12 - 15 hours weekly at the Blue Moose Therapy Center working with a variety of dogs and staff to learn dog behavior/training work

- Attendance at sessions designed to help set best practices for dog care/grooming, housing regulations, and flight restrictions with emotional support dogs
Pilot Project: Healthy Lifestyle Skill Building

- One group session and one individual session per client with the Community Health Center Therapist each week

- Participation in Mental Health First Aid Program and various lectures designed to help develop coping and re-engagement skills

- Participation in Blue Moose Activities at the Center (Woof City Café, Bake a Biscuit, and Woof Stops programs)
WEEK THREE

Training: Test “Focus;” Begin “Sit” work

Class: “Ugghh! What is THAT?!?!?” Veterinarian care and dogs

Feedback and Analysis: Are we on the right track? Check in for pilot

Outreach: Woof Stop and prepare for Barn Hunt
Program Direct Costs  (Including Evaluation)

(2 classes: 5 participants per class)

$50,500

Administrative Costs (12%)
$6,060

Total for 2 classes
$56,560
Our Unique Activities and Therapy Center
We work to revitalize a building that has been empty for four years......
It’s a BIG empty space.....
Painting, building and more....
The deserted parking area is now the outside play area for the Center
The empty space is transformed into the Activities and Therapy Center!!!
The walking track is the first of its kind for dogs and people.
Elders from Riverside Assisted Living come and help train therapy dogs with us.
The Woof City Café open for lunches during Barn Hunt
Pet Partner Workshops are now held at the Center
How we measure success........

- There will be an intake, midway, and final assessment measurement tool used to monitor both the physical and behavioral condition of each client participating in the program.

- The Public Health Research Institute, a 501c3 research organization will be responsible for monitoring and evaluating the program.

- The Woof City Café will eventually be managed and staffed by participants in the Healing Hearts and Paws program.
Revitalizing neighborhoods and creating jobs

Creating partnerships reducing healthcare costs

Improving health outcomes reducing mental health stigma

Healing Hearts and Paws

How we are helping to strengthen our community
Back to Basics: The Three “R’s”

- **Recognize**: Unhealthy and unwanted behaviors
- **Redirect**: Change unwanted behaviors into positive interactions
- **Re-Engage**: Help clients to re-engage in family and community
“Happiness is a warm puppy”
-Charles Schulz-
5. Open Discussion, Questions & Answers
Contacts

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